



**PATIENT**

Peter Alston

**PRESENTING CLINICAL SIGNS**

Patient had left eye enucleated 10 years ago due to sty that would not resolve. Patient has recurring sinus issues and bloody nasal discharge. There is occasional serosanguinous discharge from the left eye cavity. Issues have been chronic and treated with steroids and antibiotics on and off. Patient was seen at emergency clinic where a CT was recommended.

**SPECIES**

Feline

**COMPUTED TOMOGRAPHY OF THE SKULL**

A high resolution pre- and post-contrast CT study of the skull is provided for review.

**BREED**

Domestic Shorthair

**COMPUTED TOMOGRAPHIC FINDINGS**

Triadan 106, 204, 307 and 407 are absent. Retained fragments of the roots of triadan 307&407 are seen within the alveolar bone.

**SEX**

Neutered Male

The nasal cavity bilaterally up to the level of the choana are obliterated by soft tissue attenuating material with regions of heterogeneous contrast enhancement and fluid attenuating regions. Moderate destruction of the associated conchal & turbinate structures is seen. The left perpendicular lamina of the palatine bone is deviated laterally and presents a zone with lysis and the nasal soft tissue material is bulging into the subcutaneous tissue at the rostroventral aspect of the left orbit.

**AGE**

11 Years

The left ocular bulb is absent and in the left orbit, an irregular ovoid shaped peripheral contrast enhancing mass, with a hypoattenuating center is visible.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

**HOSPITAL NAME**

Queen Creek  
Veterinary Clinic

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

**REFERRING VET**

Dr. Kelsey Sampayan

The mandibular lymph nodes bilaterally are prominent, L>R.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Expansile nasal soft tissue mass with osteolytic lesions of the perpendicular lamina of the left palatine bone and perforation into the subcutaneous tissue
- Cavitory mass left orbit
- Mild lymphadenopathy mandibular lymph nodes
- Multiple absent teeth

**INVOICE**

50774

**DATE**

3-7-22

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The nasal expansile soft tissue material with a heterogeneous contrast enhancement pattern is highly suggestive for primary nasal neoplasia, such as lymphosarcoma, adenocarcinoma, squamous cell carcinoma, melanoma, other. However, given the history of chronic rhinitis nasal



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inflammatory polyp or a proliferative fibro-osseous dysplasia might be considerations here. If not done so yet, recommend rhinoscopy and retrograde evaluation of the nasopharynx including sampling for biopsy.

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The cavitory mass in the left orbit can present chronic seroma or dacryops due to retained tissue of the lacrimal gland. Rule out neoplastic transformation.

Suspect reactive hyperplasia of the mandibular lymph nodes.

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
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